

CUSTOMER CREDIT APPLICATION

Company Name: _____
 Company Address: _____
 City: _____ State/Province: _____ Postal Code: _____

Phone: _____ Fax: _____
 Email: _____
 Accounts Payable Contact Person: _____

Bank: _____ Required Line of Credit: _____
 Address: _____ Account Number: _____
 _____ Email: _____
 CDN Acct #: _____ US Acct #: _____
 Bank Contact: _____ Transit #: _____

After Hours Contact Name & Number: _____
 Date of Establishment / Incorporation: _____
 US Custom Broker: _____ Tel #: _____
 CDN Custom Broker: _____ Tel #: _____

Credit References (Non-Transport)

1. _____
 (Company) (Contact) (Address)
Tel: _____ **Fax:** _____ **Email:** _____
2. _____
 (Company) (Contact) (Address)
Tel: _____ **Fax:** _____ **Email:** _____
3. _____
 (Company) (Contact) (Address)
Tel: _____ **Fax:** _____ **Email:** _____

I hereby represent that I am authorized to submit the application on behalf of the customer stated above and that the information provided for the purposes of obtaining credit is warranted to be accurate. The terms of sales are net 30 days from the date of billing, unless otherwise mentioned. Any overdue accounts are subject to an administrative fees of 2% per month (24% annually). I understand the above terms and conditions and agree to comply with all regulations. I also accept liability limited to \$2.00/lb unless agreed to in writing by SAFE N SAVE LOGISTICS INC.

 Authorized Signatures Title Date

The customer/owner acknowledges that Safe N Save Logistics Inc. will obtain credit information from the customer's/owner's bank, listed references or any credit bureaus deemed necessary by Safe N Save Logistics Inc. to conduct a proper credit investigation. The customer/owner hereby authorizes (by way of signature) release of such information as requested by Safe N Save Logistics Inc. to complete its credit investigation.